**Identification of students intending to continue to attend Pool Hayes Academy**

**(Please delete Yes/No where appropriate)**

|  |  |  |
| --- | --- | --- |
| Name of child/children |  | |
| Class/Year Group |  | |
| Are you classed as a key worker under the current definition? (NHS workers, Police, school worker, supermarket delivery driver) | Yes  Name of employer: | No |
| If you believe you MAY work in a profession that will be identified in the full list of key workers, please provide the title of your role, and the name of your employer | Job title: | Employer: |
| Does your child have a social worker assigned to them? | Yes | No |
| Does your child have an Education Health and Care Plan (EHCP)? | Yes | No |
| If you have answered **YES** to any of the above, do you intend for your child to continue to attend the academy during this period of closure? | Yes | No |
| Is your child in receipt of Free School Meals? | Yes | No |
| Best contact number and email address to discuss the above if necessary | Telephone number: | Email: |

Please be aware that proof of current employment may be required if you fall into a key worker category.

Any details relating to this will be communicated with the fuller list of key workers later today.

**PLEASE RETURN ON FRIDAY 20TH MARCH 2020 BY 9AM TO FORM TUTORS.**